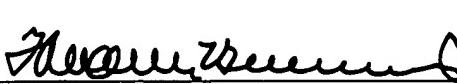


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| FORM PTO-1390<br>MODIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |                                                                         | ATTORNEY'S DOCKET NUMBER,<br>4255-22 |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.12)<br><b>10/551651</b> |                                      |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2004/005047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INTERNATIONAL FILING DATE<br>7 April 2004               | PRIORITY DATE CLAIMED<br>9 April 2003                                   |                                      |
| TITLE OF INVENTION<br><b>RECORDING MEDIUM DISCHARGE MECHANISM AND IMAGE FORMING APPARATUS PROVIDED WITH RECORDING MEDIUM<br/>DISCHARGE MECHANISM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                         |                                      |
| APPLICANT(S) FOR DO/EO/US<br><b>SHINKAWA ET AL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                         |                                      |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                                                         |                                      |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The U.S. has been elected (Article 31).</p> <p>5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)).</p> <p>a. <input type="checkbox"/> is attached hereto (      pages specification, claims &amp; abstract (      claims),      sheets drawings).</p> <p>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(3))</p> <p>a. <input checked="" type="checkbox"/> is attached hereto (29 pages specification, claims &amp; abstract (7 claims), 5 sheets drawings).</p> <p>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))</p> <p>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</p> <p>b. <input type="checkbox"/> have been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has <b>NOT</b> expired.</p> <p>d. <input type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. a. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>b. <input type="checkbox"/> Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (      page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |                                                         |                                                                         |                                      |
| <p><b>Items 11 To 20 below concern document(s) or information included:</b></p> <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.</p> <p>13. a. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</p> <p>b. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. § 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information. cover page of WO 2004/089795 (2 pages); PCT/IB/308 (2<sup>nd</sup> Notice) (1 page)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                         |                                      |

JC20 Rec'd PCT/PTO 29 SEP 2005

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|--------------------------------------------|--------|--|
| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>107551651</b><br>Unknown                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                       |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/JP2004/005047</b>                                                                     |                                 |                 | ATTORNEY'S DOCKET NUMBER<br><b>4255-22</b> |        |  |
| <input checked="" type="checkbox"/> The following fees are submitted:                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| <b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| 21. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          | Basic national fee .....                                                                                                                                                                                                                              |              | \$300.00 (1631)/\$150.00 (2631)                                                                                               |                                 |                 | \$                                         | 300.00 |  |
| 22. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          | Examination Fee .....                                                                                                                                                                                                                                 |              | \$0 (1643/2643)<br>..... \$200.00 (1633)/\$100.00 (2633)                                                                      |                                 |                 | \$                                         | 200.00 |  |
| 23. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          | Search Fee .....                                                                                                                                                                                                                                      |              | \$0 (1640/2640)<br>..... \$100 (1641)/\$50 (2641)<br>..... \$400 (1642)/\$200 (2642)<br>..... \$500.00 (1632)/\$250.00 (2632) |                                 |                 | \$                                         | 400.00 |  |
| <b>TOTAL OF ABOVE CALCULATIONS</b>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| \$ 900.00                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                       |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                     | Extra Sheets                                                                                                                                                                                                                                          |              | Number of each additional 50 or fraction thereof (round up to a whole number)                                                 |                                 |                 | RATE                                       |        |  |
| 34 -100                                                                                                                                                                                                                                                                                                                                          | 0                                                                                                                                                                                                                                                     | /50 =        | 0.00                                                                                                                          |                                 |                 | \$0.00 (1681)<br>\$0.00 (2681)             | \$     |  |
| Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).                                                                                                                                                   |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| \$                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                           | NUMBER FILED                                                                                                                                                                                                                                          |              | # EXTRA                                                                                                                       | RATE                            |                 |                                            |        |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                     | 7                                                                                                                                                                                                                                                     | minus 20 =   | 0 X                                                                                                                           | \$50.00 (1615)/                 | \$25.00 (2615)  | \$                                         |        |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                                                                                     | minus 3 =    | 0 X                                                                                                                           | \$200.00 (1614)                 | \$100.00 (2614) | \$                                         |        |  |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |              |                                                                                                                               | \$360.00 (1616)/\$180.00 (2616) |                 |                                            |        |  |
| \$ 0.00                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254) |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| \$ 0.00                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)). + 0.00                                                                                                                         |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| \$ 900.00                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property + \$ 40.00                                                                                                                                                   |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453) \$ 0.00                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| \$ 940.00                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Amount to be refunded: \$                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Amount to be Charged: \$                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| a. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      | A check in the amount of \$940.00 to cover the above fees is enclosed.                                                                                                                                                                                |              |                                                                                                                               |                                 |                 |                                            |        |  |
| b. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      | Please charge my Deposit Account No. 14-1140 in the amount of \$ _____ to cover the above fees.<br>A duplicate copy of this form is enclosed.                                                                                                         |              |                                                                                                                               |                                 |                 |                                            |        |  |
| c. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A <u>duplicate</u> copy of this form is enclosed.                                                |              |                                                                                                                               |                                 |                 |                                            |        |  |
| d. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           | <b>CREDIT CARD PAYMENT FORM ATTACHED.</b>                                                                                                                                                                                                             |              |                                                                                                                               |                                 |                 |                                            |        |  |
| e. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           | The entire content of International Application No. PCT/JP2004/005047 and any U.S. and foreign application(s) corresponding thereto, and JP 2003-105431, referred to in this application is/are hereby incorporated by reference in this application. |              |                                                                                                                               |                                 |                 |                                            |        |  |
| NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status.                                                                                                                                   |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| <input checked="" type="checkbox"/> Customer Number:                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       | <b>23117</b> |                                                                                                                               |                                 |                 |                                            |        |  |
| Type Customer Number here                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| H. Warren Burnam, Jr.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| NAME                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| 29,366                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| September 28, 2005                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |
| REGISTRATION NUMBER Date                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                       |              |                                                                                                                               |                                 |                 |                                            |        |  |

Telephone: (703) 816-4000

HWB:jsm